Fill in this information to identify your case:

Debtor 1: Troy R Powell
(First Name / Middle Name / Last Name)

Debtor 2 (Spouse, if filing): Melissa B Powell
(First Name / Middle Name / Last Name)

United States Bankruptcy Court for the: Western District of Virginia

Case number (If known): 17-61492

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

	Your assets Value of what you own
1. *Schedule A/B: Property* (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from *Schedule A/B*	$ 0.00
1b. Copy line 62, Total personal property, from *Schedule A/B*	$ 8,510.00
1c. Copy line 63, Total of all property on *Schedule A/B*	$ 8,510.00

Part 2: Summarize Your Liabilities

	Your liabilities Amount you owe
2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)	
2a. Copy the total you listed in Column A, *Amount of claim,* at the bottom of the last page of Part 1 of *Schedule D*	$ 0.00
3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of *Schedule E/F*	$ 3,989.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of *Schedule E/F*	+ $ 18,430.23
Your total liabilities	$ 22,419.23

Part 3: Summarize Your Income and Expenses

4. *Schedule I: Your Income* (Official Form 106I) Copy your combined monthly income from line 12 of *Schedule I*	$ 3,357.81
5. *Schedule J: Your Expenses* (Official Form 106J) Copy your monthly expenses from line 22c of *Schedule J*	$ 3,477.00

Debtor 1 Troy R Powell
First Name Middle Name Last Name

Case number (*if known*) 17-61492

Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**

☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
☑ Yes

7. **What kind of debt do you have?**

☑ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

☐ **Your debts are not primarily consumer debts**. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. **From the *Statement of Your Current Monthly Income***: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14. $ 6,167.15

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F***:

From Part 4 on *Schedule E/F*, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	$ 3,989.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	$ 0.00
9d. Student loans. (Copy line 6f.)	$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ $ 0.00
9g. **Total.** Add lines 9a through 9f.	$ 3,989.00

Fill in this information to identify your case and this filing:

Debtor 1: Troy R Powell
First Name / Middle Name / Last Name

Debtor 2 (Spouse, if filing): Melissa B Powell
First Name / Middle Name / Last Name

United States Bankruptcy Court for the: Western District of Virginia

Case number: 17-61492

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. **Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

☑ No. Go to Part 2.
☐ Yes. Where is the property?

1.1. ______________________
Street address, if available, or other description

____

____
City State ZIP Code

____
County

What is the property? Check all that apply.
☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other ______________________

Who has an interest in the property? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property:*

Current value of the entire property? $__________
Current value of the portion you own? $__________

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

____

☐ **Check if this is community property**

If you own or have more than one, list here:

1.2. ______________________
Street address, if available, or other description

____

____
City State ZIP Code

____
County

What is the property? Check all that apply.
☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other ______________________

Who has an interest in the property? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

Current value of the entire property? $__________
Current value of the portion you own? $__________

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

____

☐ **Check if this is community property** (see instructions)

1.____

Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.
- ☐ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other ____________________

Who has an interest in the property? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

Current value of the entire property?	**Current value of the portion you own?**
$	$

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ **Check if this is community property** (see instructions)

2. **Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.** ....➔ $ 0.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases.*

3. **Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**
- ☐ No
- ☑ Yes

3.1. Make: Honda
Model: Civic
Year: 1991
Approximate mileage: ______
Other information:
Condition:

Who has an interest in the property? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

Current value of the entire property?	**Current value of the portion you own?**
$ 500.00	$ 500.00

If you own or have more than one, describe here:

3.2. Make: Honda
Model: Civic
Year: 2001
Approximate mileage: 200500
Other information:
Condition:

Who has an interest in the property? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

Current value of the entire property?	**Current value of the portion you own?**
$ 800.00	$ 800.00

3.3. Make: Ford
Model: Escape
Year: 2004
Approximate mileage: 153712
Other information:
Condition:

Who has an interest in the property? Check one.

Debtor 1 only
✔ Debtor 2 only
Debtor 1 and Debtor 2 only
At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

Current value of the entire property?	**Current value of the portion you own?**
$3,000.00	$3,000.00

Make:
Model:
Year:
Approximate mileage:
Other information:

Who has an interest in the property? Check one.

☐ Debtor 1 only
Debtor 2 only
Debtor 1 and Debtor 2 only
At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

Current value of the entire property?	**Current value of the portion you own?**
$	$

4. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**
Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☑ No
☐ Yes

4.1. Make:
Model:
Year:
Other information:

Who has an interest in the property? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

Current value of the entire property?	**Current value of the portion you own?**
$	$

If you own or have more than one, list here:

4.2. Make:
Model:
Year:
Other information:

Who has an interest in the property? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

Current value of the entire property?	**Current value of the portion you own?**
$	$

5. **Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here** .... ➔ $4,300.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6. **Household goods and furnishings** *Examples*: Major appliances, furniture, linens, china, kitchenware ☐ No ☑ Yes. Describe........ Cookware, dishes, living room furniture, bedroom furniture	$ 600.00
7. **Electronics** *Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No ☑ Yes. Describe........ Television, stereo, cell phones, computer	$ 500.00
8. **Collectibles of value** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ☐ No ☑ Yes. Describe......... antique desk	$ 1,000.00
9. **Equipment for sports and hobbies** *Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ☐ No ☑ Yes. Describe......... guitars and amp	$ 500.00
10. **Firearms** *Examples:* Pistols, rifles, shotguns, ammunition, and related equipment ☐ No ☑ Yes. Describe......... Smith and Wesson .40 caliber	$ 300.00
11. **Clothes** *Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories ☐ No ☑ Yes. Describe......... Men's and women's clothing	$ 100.00
12. **Jewelry** Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ☑ No ☐ Yes. Describe.........	$ 0.00
13. **Non-farm animals** *Examples:* Dogs, cats, birds, horses ☑ No ☐ Yes. Describe.........	$ 0.00
14. **Any other personal and household items you did not already list, including any health aids you did not list** ☐ No ☑ Yes. Give specific information............... Yard tools	$ 200.00
15. **Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here** .... ➔	$ 3,200.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own? Do not deduct secured claims or exemptions.

16. **Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☑ No
☐ Yes .... Cash: .... $________

17. **Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No
☑ Yes .... Institution name:

	Institution name	Current value
17.1. Checking account:	SunTrust	$ 1,000.00
17.2. Checking account:		$
17.3. Savings account:	SunTrust	$ 10.00
17.4. Savings account:		$
17.5. Certificates of deposit:		$
17.6. Other financial account:		$
17.7. Other financial account:		$
17.8. Other financial account:		$
17.9. Other financial account:		$

18. **Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☑ No
☐ Yes .... Institution or issuer name:

Institution or issuer name	
	$
	$
	$

19. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

☑ No
☐ Yes. Give specific information about them. ....

Name of entity:	% of ownership:	
	%	$
	%	$
	%	$

20. **Government and corporate bonds and other negotiable and non-negotiable instruments**

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☑ No
☐ Yes. Give specific information about them. .... Issuer name:

__________ $________
__________ $________
__________ $________

21. **Retirement or pension accounts**

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☑ No
☐ Yes. List each account separately. Type of account: Institution name:

401(k) or similar plan: __________ $________
Pension plan: __________ $________
IRA: __________ $________
Retirement account: __________ $________
Keogh: __________ $________
Additional account: __________ $________
Additional account: __________ $________

22. **Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company
Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☑ No
☐ Yes.......................... Institution name or individual:

Electric: __________ $________
Gas: __________ $________
Heating oil: __________ $________
Rental unit: __________ $________
Prepaid rent: __________ $________
Telephone: __________ $________
Water: __________ $________
Rented furniture: __________ $________
Other: __________ $________

23. **Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

☑ No
☐ Yes.......................... Issuer name and description:

__________ $________
__________ $________
__________ $________

24. **Interests in an education IRA**, **in an account in a qualified ABLE program**, **or under a qualified state tuition program**.
26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☑ No
☐ Yes .... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

______ $______
______ $______
______ $______

25. **Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

☑ No
☐ Yes. Give specific information about them. .. $0.00

26. **Patents, copyrights, trademarks, trade secrets, and other intellectual property**
Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☑ No
☐ Yes. Give specific information about them. .. $0.00

27. **Licenses, franchises, and other general intangibles**
Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☑ No
☐ Yes. Give specific information about them. .. $0.00

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. **Tax refunds owed to you**

☑ No
☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years. ....

Federal: $0.00
State: $0.00
Local: $0.00

29. **Family support**
Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☑ No
☐ Yes. Give specific information. ....

Alimony: $0.00
Maintenance: $0.00
Support: $0.00
Divorce settlement: $0.00
Property settlement: $0.00

30. **Other amounts someone owes you**
Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☑ No
☐ Yes. Give specific information. $0.00

31. **Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☑ No

☐ Yes. Name the insurance company of each policy and list its value.

Company name:	Beneficiary:	Surrender or refund value:
		$
		$
		$

32. **Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☑ No

☐ Yes. Give specific information. $ 0.00

33. **Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☑ No

☐ Yes. Describe each claim. $ 0.00

34. **Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

☑ No

☐ Yes. Describe each claim. $ 0.00

35. **Any financial assets you did not already list**

☑ No

☐ Yes. Give specific information. $ 0.00

36. **Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here** ➔ $ 1,010.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. **Do you own or have any legal or equitable interest in any business-related property?**

☑ No. Go to Part 6.

☐ Yes. Go to line 38.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

38. **Accounts receivable or commissions you already earned**

☐ No

☐ Yes. Describe $

39. **Office equipment, furnishings, and supplies**

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☐ No

☐ Yes. Describe $

40. **Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**

☐ No
☐ Yes. Describe....... $__________

41. **Inventory**

☐ No
☐ Yes. Describe....... $__________

42. **Interests in partnerships or joint ventures**

☐ No
☐ Yes. Describe.......

Name of entity:	% of ownership:	
	%	$
	%	$
	%	$

43. **Customer lists, mailing lists, or other compilations**

☐ No
☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))**?**

☐ No
☐ Yes. Describe......... $__________

44. **Any business-related property you did not already list**

☐ No
☐ Yes. Give specific information ....

$__________
$__________
$__________
$__________
$__________
$__________

45. **Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here** .... ➔ $ 0.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. **Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

☑ No. Go to Part 7.
☐ Yes. Go to line 47.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

47. **Farm animals**

Examples: Livestock, poultry, farm-raised fish

☐ No
☐ Yes.......................... $__________

48. **Crops—either growing or harvested**

☐ No
☐ Yes. Give specific information. .... $__________

49. **Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**

☐ No
☐ Yes.......................... $__________

50. **Farm and fishing supplies, chemicals, and feed**

☐ No
☐ Yes.......................... $__________

51. **Any farm- and commercial fishing-related property you did not already list**

☐ No
☐ Yes. Give specific information. .... $__________

52. **Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here** .... ➔ $ 0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. **Do you have other property of any kind you did not already list?**
Examples: Season tickets, country club membership

☑ No
☐ Yes. Give specific information. ....

54. **Add the dollar value of all of your entries from Part 7. Write that number here** .... ➔ $ 0.00

Part 8: List the Totals of Each Part of this Form

55. **Part 1: Total real estate, line 2**........ ➔ $ 0.00

56. **Part 2: Total vehicles, line 5** $ 4,300.00

57. **Part 3: Total personal and household items, line 15** $ 3,200.00

58. **Part 4: Total financial assets, line 36** $ 1,010.00

59. **Part 5: Total business-related property, line 45** $ 0.00

60. **Part 6: Total farm- and fishing-related property, line 52** $ 0.00

61. **Part 7: Total other property not listed, line 54** + $ 0.00

62. **Total personal property.** Add lines 56 through 61. .... $ 8,510.00 Copy personal property total ➔ + $ 8,510.00

63. **Total of all property on Schedule A/B.** Add line 55 + line 62. .... $ 8,510.00

Fill in this information to identify your case:

Debtor 1: Troy R Powell
First Name / Middle Name / Last Name

Debtor 2 (Spouse, if filing): Melissa B Powell
First Name / Middle Name / Last Name

United States Bankruptcy Court for the: Western District of Virginia

Case number (If known): 17-61492

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. **Which set of exemptions are you claiming?** *Check one only, even if your spouse is filing with you.*

☑ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. **For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.**

Brief description of the property and line on *Schedule A/B* that lists this property	Current value of the portion you own Copy the value from *Schedule A/B*	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: 1991 Honda Civic Line from *Schedule A/B:* 3.1	$ 500.00	☑ $ 500.00 ☐ 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26 (8) - $500.00
Brief description: 2001 Honda Civic Line from *Schedule A/B:* 3.2	$ 800.00	☑ $ 800.00 ☐ 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-4; Va. Code Ann. § 34-18; Va. Code Ann. § 34-20 - $800.00
Brief description: 2004 Ford Escape Line from *Schedule A/B:* 3.3	$ 3,000.00	☑ $ 3,000.00 ☐ 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26 (8) - $3,000.00

3. **Are you claiming a homestead exemption of more than $160,375?**
(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

☑ No
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
  ☐ No
  ☐ Yes

Debtor 1 Troy R Powell & Melissa B Powell (First Name, Middle Name, Last Name) Case number (if known) 17-61492

Part 2: Additional Page

Brief description of the property and line on *Schedule A/B* that lists this property	Current value of the portion you own (Copy the value from Schedule A/B)	Amount of the exemption you claim (Check only one box for each exemption)	Specific laws that allow exemption
Brief description: Household goods - Cookware, dishes, living room furniture, bedroom furniture Line from *Schedule A/B:* 6	$600.00	☑ $ 600.00 ☐ 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26 (4a) - $600.00
Brief description: Electronics - Television, stereo, cell phones, computer Line from *Schedule A/B:* 7	$500.00	☑ $ 500.00 ☐ 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26 (4a) - $500.00
Brief description: Collectibles of value - antique desk Line from *Schedule A/B:* 8	$1,000.00	☑ $ 1,000.00 ☐ 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26 (2) - $1,000.00
Brief description: Sports and hobby equipment - guitars and amp Line from *Schedule A/B:* 9	$500.00	☑ $ 500.00 ☐ 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26 (4a) - $500.00
Brief description: Firearms - Smith and Wesson .40 caliber Line from *Schedule A/B:* 10	$300.00	☑ $ 300.00 ☐ 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26 (4b) - $300.00
Brief description: Clothing - Men's and women's clothing Line from *Schedule A/B:* 11	$100.00	☑ $ 100.00 ☐ 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26 (4a) - $100.00
Brief description: Other - Yard tools Line from *Schedule A/B:* 14	$200.00	☑ $ 200.00 ☐ 100% of fair market value, up to any applicable statutory limit	Va. Code Ann. § 34-26 (4a) - $200.00
Brief description: Line from *Schedule A/B:*	$	☐ $ ☐ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from *Schedule A/B:*	$	☐ $ ☐ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from *Schedule A/B:*	$	☐ $ ☐ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from *Schedule A/B:*	$	☐ $ ☐ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from *Schedule A/B:*	$	☐ $ ☐ 100% of fair market value, up to any applicable statutory limit	

Fill in this information to identify your case:

Debtor 1: Troy R Powell
First Name / Middle Name / Last Name

Debtor 2 (Spouse, if filing): Melissa B Powell
First Name / Middle Name / Last Name

United States Bankruptcy Court for the: Western District of Virginia

Case number (If known): 17-61492

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. **Do any creditors have claims secured by your property?**
   - ☑ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
   - ☐ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. **List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.	*Column A* **Amount of claim** Do not deduct the value of collateral.	*Column B* **Value of collateral that supports this claim**	*Column C* **Unsecured portion** If any
2.1	$	$	$
2.2	$	$	$

2.1

Creditor's Name

Number Street

City State ZIP Code

Who owes the debt? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim relates to a community debt**

Date debt was incurred ____________

Describe the property that secures the claim:

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Nature of lien. Check all that apply.
- ☐ An agreement you made (such as mortgage or secured car loan)
- ☐ Statutory lien (such as tax lien, mechanic's lien)
- ☐ Judgment lien from a lawsuit
- ☐ Other (including a right to offset) ____________

Last 4 digits of account number

2.2

Creditor's Name

Number Street

City State ZIP Code

Who owes the debt? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim relates to a community debt**

Date debt was incurred ____________

Describe the property that secures the claim:

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Nature of lien. Check all that apply.
- ☐ An agreement you made (such as mortgage or secured car loan)
- ☐ Statutory lien (such as tax lien, mechanic's lien)
- ☐ Judgment lien from a lawsuit
- ☐ Other (including a right to offset) ____________

Last 4 digits of account number

Add the dollar value of your entries in Column A on this page. Write that number here: $0.00

Debtor 1 Troy R Powell
First Name Middle Name Last Name

Case number (*if known*) 17-61492

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

☐ Name
Street
City State ZIP Code

On which line in Part 1 did you enter the creditor? _____
Last 4 digits of account number

☐ Name
Street
City State ZIP Code

On which line in Part 1 did you enter the creditor? _____
Last 4 digits of account number

☐ Name
Street
City State ZIP Code

On which line in Part 1 did you enter the creditor? _____
Last 4 digits of account number

☐ Name
Street
City State ZIP Code

On which line in Part 1 did you enter the creditor? _____
Last 4 digits of account number

☐ Name
Street
City State ZIP Code

On which line in Part 1 did you enter the creditor? _____
Last 4 digits of account number

☐ Name
Street
City State ZIP Code

On which line in Part 1 did you enter the creditor? _____
Last 4 digits of account number

Fill in this information to identify your case:

Debtor 1: Troy R Powell
First Name / Middle Name / Last Name

Debtor 2 (Spouse, if filing): Melissa B Powell
First Name / Middle Name / Last Name

United States Bankruptcy Court for the: Western District of Virginia

Case number (If known): 17-61492

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. **Do any creditors have priority unsecured claims against you?**
   - ☐ No. Go to Part 2.
   - ☑ Yes.

2. **List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

   (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1 Internal Revenue Service	$2,937.00	$0.00	$2,937.00
2.2 Internal Revenue Service	$1,052.00	$0.00	$1,052.00

2.1
Internal Revenue Service
Priority Creditor's Name
PO Box 7346
Number Street
Philadelphia PA 19101
City State ZIP Code

Last 4 digits of account number

When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who incurred the debt? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☑ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Type of PRIORITY unsecured claim:
- ☐ Domestic support obligations
- ☑ Taxes and certain other debts you owe the government
- ☐ Claims for death or personal injury while you were intoxicated
- ☐ Other. Specify ______

Is the claim subject to offset?
- ☑ No
- ☐ Yes

2.2
Internal Revenue Service
Priority Creditor's Name
PO Box 7346
Number Street
Philadelphia PA 19101
City State ZIP Code

Last 4 digits of account number

When was the debt incurred? 2015

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who incurred the debt? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☑ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Type of PRIORITY unsecured claim:
- ☐ Domestic support obligations
- ☑ Taxes and certain other debts you owe the government
- ☐ Claims for death or personal injury while you were intoxicated
- ☐ Other. Specify ______

Is the claim subject to offset?
- ☑ No
- Yes

Debtor 1 Troy R Powell (First Name, Middle Name, Last Name) Case number (if known) 17-61492

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

		Total claim	Priority amount	Nonpriority amount
2.3	**Virginia Child Support** (Priority Creditor's Name) 7 N 8th St (Number Street) Apt 1 Richmond VA 23219 (City State ZIP Code) **Last 4 digits of account number** **When was the debt incurred?** **As of the date you file, the claim is:** Check all that apply. ☐ Contingent ☐ Unliquidated ☐ Disputed **Who incurred the debt?** Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ **Check if this claim is for a community debt** **Type of PRIORITY unsecured claim:** ☑ Domestic support obligations ☐ Taxes and certain other debts you owe the government ☐ Claims for death or personal injury while you were intoxicated ☐ Other. Specify **Is the claim subject to offset?** ☑ No ☐ Yes	$Unknown	$Unknown	$Unknown
	Priority Creditor's Name Number Street City State ZIP Code **Last 4 digits of account number** **When was the debt incurred?** **As of the date you file, the claim is:** Check all that apply. ☐ Contingent ☐ Unliquidated ☐ Disputed **Who incurred the debt?** Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ **Check if this claim is for a community debt** **Type of PRIORITY unsecured claim:** ☐ Domestic support obligations ☐ Taxes and certain other debts you owe the government ☐ Claims for death or personal injury while you were intoxicated ☐ Other. Specify **Is the claim subject to offset?** ☐ No ☐ Yes	$	$	$
	Priority Creditor's Name Number Street City State ZIP Code **Last 4 digits of account number** **When was the debt incurred?** **As of the date you file, the claim is:** Check all that apply. ☐ Contingent ☐ Unliquidated ☐ Disputed **Who incurred the debt?** Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ **Check if this claim is for a community debt** **Type of PRIORITY unsecured claim:** ☐ Domestic support obligations ☐ Taxes and certain other debts you owe the government ☐ Claims for death or personal injury while you were intoxicated ☐ Other. Specify **Is the claim subject to offset?** ☐ No ☐ Yes	$	$	$

Debtor 1 Troy R Powell (First Name, Middle Name, Last Name) Case number (if known) 17-61492

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☑ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

4.1 Bull City Financial Solutions
Nonpriority Creditor's Name
2609 N Duke Street
Number Street
Ste 500
Durham NC 27704
City State ZIP Code

Last 4 digits of account number 00
When was the debt incurred? ____

$211.00

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.
☑ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
☑ No
☐ Yes

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify Medical Services

4.2 Bull City Financial Solutions
Nonpriority Creditor's Name
2609 N Duke Street
Number Street
Ste 500
Durham NC 27704
City State ZIP Code

Last 4 digits of account number 81
When was the debt incurred? ____

$367.00

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.
☑ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
☑ No
☐ Yes

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify Medical Services

4.3 Bull City Financial Solutions
Nonpriority Creditor's Name
2609 N Duke Street
Number Street
Ste 500
Durham NC 27704
City State ZIP Code

Last 4 digits of account number 83
When was the debt incurred? ____

$177.00

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.
☑ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
☑ No
☐ Yes

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify Medical Services

Debtor 1 Troy R Powell (First Name, Middle Name, Last Name) Case number (if known) 17-61492

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☑ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

4.4 Bull City Financial Solutions
Nonpriority Creditor's Name
2609 N Duke Street
Ste 500
Durham NC 27704

Last 4 digits of account number 67 — $259.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who incurred the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical Services

4.5 Cardiovascular Associates of Charlottesville
Nonpriority Creditor's Name
650 Peter Jefferson Parkway
Ste 100
Charlottesville VA 22911

Last 4 digits of account number 0001 — $54.17

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who incurred the debt? Check one.
- ☐ Debtor 1 only
- ☑ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical Services

4.6 Charlottesville Blue Ridge Dental
Nonpriority Creditor's Name
2320 Commonwealth Drive
Charlottesville VA 22901

Last 4 digits of account number 4922 — $13.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who incurred the debt? Check one.
- ☐ Debtor 1 only
- ☑ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical Services

Debtor 1 Troy R Powell — First Name / Middle Name / Last Name

Case number (if known) 17-61492

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☑ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

4.7 Diversified Consultants
Nonpriority Creditor's Name
10550 Deerwood Park Boulevard
Number Street
Ste 309
Jacksonville FL 32256
City State ZIP Code

Last 4 digits of account number 58

Total claim: $ 391.00

When was the debt incurred? ____

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
☑ No
☐ Yes

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify Telephone / Internet services

4.8 Downtown Family Health Care
Nonpriority Creditor's Name
310 Avon Street
Number Street
Ste 9
Charlottesville VA 22902
City State ZIP Code

Last 4 digits of account number 7400

Total claim: $ 40.25

When was the debt incurred? ____

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.
☐ Debtor 1 only
☑ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
☑ No
☐ Yes

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify Medical Services

4.9 McCarthy, Burgess & Wolff
Nonpriority Creditor's Name
26000 Cannon Road
Number Street

Bedford Heights OH 44146
City State ZIP Code

Last 4 digits of account number 0028

Total claim: $ 200.00

When was the debt incurred? ____

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
☑ No
☐ Yes

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify Telephone / Internet services

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☑ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

4.10 Piedmont Emergency Consultants PLC
Nonpriority Creditor's Name
PO Box 11647
Number Street

Daytona Beach FL 32120
City State ZIP Code

Last 4 digits of account number 8940 — Total claim: $ 694.92

When was the debt incurred? ____

Who incurred the debt? Check one.
- ☐ Debtor 1 only
- ☑ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical Services

4.11 Region Ten CSB
Nonpriority Creditor's Name
500 Old Lynchburg Road
Number Street

Charlottesville VA 22903
City State ZIP Code

Last 4 digits of account number 4885 — Total claim: $ 780.00

When was the debt incurred? ____

Who incurred the debt? Check one.
- ☐ Debtor 1 only
- ☑ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical Services

4.12 Sentara
Nonpriority Creditor's Name
PO Box 179
Number Street

Norfolk VA 23501
City State ZIP Code

Last 4 digits of account number 1664 — Total claim: $44.22

When was the debt incurred? ____

Who incurred the debt? Check one.
- ☐ Debtor 1 only
- ☑ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical Services

Debtor 1 Troy R Powell
First Name Middle Name Last Name

Case number (*if known*) 17-61492

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☑ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

4.13 Sentara
Nonpriority Creditor's Name
PO Box 759132
Number Street

Baltimore MD 21275
City State ZIP Code

Last 4 digits of account number 3229

When was the debt incurred? ____

$ 35.00

Who incurred the debt? Check one.
☐ Debtor 1 only
☑ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
☑ No
☐ Yes

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify Medical Services

4.14 Sentara
Nonpriority Creditor's Name
PO Box 1875
Number Street

Norfolk VA 23501
City State ZIP Code

Last 4 digits of account number 7052

When was the debt incurred? ____

$ 1,399.53

Who incurred the debt? Check one.
☐ Debtor 1 only
☑ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
☑ No
☐ Yes

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify Medical Services

4.15 Sentara
Nonpriority Creditor's Name
PO Box 791168
Number Street

Baltimore MD 21279
City State ZIP Code

Last 4 digits of account number 7049

When was the debt incurred? ____

$ 1,063.87

Who incurred the debt? Check one.
☐ Debtor 1 only
☑ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
☑ No
☐ Yes

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify Medical Services

Debtor 1 Troy R Powell — First Name Middle Name Last Name — Case number (if known) 17-61492

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☑ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

4.16 Siva Thiagarajah, MD
Nonpriority Creditor's Name
1101 E Jefferson Street
Number Street

Charlottesville VA 22902
City State ZIP Code

Last 4 digits of account number
When was the debt incurred?

Total claim: $19.95

Who incurred the debt? Check one.
☐ Debtor 1 only
☑ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
☑ No
☐ Yes

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify Medical Services

4.17 SunTrust Bank
Nonpriority Creditor's Name
PO Box 305183
Number Street

Nashville TN 37230
City State ZIP Code

Last 4 digits of account number
When was the debt incurred?

Total claim: $6,668.00

Who incurred the debt? Check one.
☐ Debtor 1 only
☑ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
☑ No
☐ Yes

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify

4.18 The Rector and Visitors of the University of Virginia
Nonpriority Creditor's Name
PO Box 400222
Number Street

Charlottesville VA 22904
City State ZIP Code

Last 4 digits of account number
When was the debt incurred?

Total claim: $1,530.97

Who incurred the debt? Check one.
☑ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
☑ No
☐ Yes

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify Medical Services

Debtor 1 Troy R Powell
First Name Middle Name Last Name

Case number (if known) 17-61492

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☑ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

4.19 The Rector and Visitors of the University of Virginia
Nonpriority Creditor's Name
PO Box 400222
Number Street

Charlottesville VA 22904
City State ZIP Code

Last 4 digits of account number

When was the debt incurred?

$ 4,358.35

Who incurred the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
☑ No
☐ Yes

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify Medical Services

4.20 Valley Credit Service
Nonpriority Creditor's Name
934 N Augusta Street
Number Street
Ste A
Stanton VA 24401
City State ZIP Code

Last 4 digits of account number

When was the debt incurred?

$ 123.00

Who incurred the debt? Check one.
☑ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
☑ No
☐ Yes

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify Medical Services

Nonpriority Creditor's Name

Number Street

City State ZIP Code

Last 4 digits of account number

When was the debt incurred?

$

Who incurred the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
☐ No
☐ Yes

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

Debtor 1 Troy R Powell Case number (*if known*) 17-61492
First Name Middle Name Last Name

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim
Total claims from Part 1	6a. **Domestic support obligations**	6a.	$ 0.00
	6b. **Taxes and certain other debts you owe the government**	6b.	$ 3,989.00
	6c. **Claims for death or personal injury while you were intoxicated**	6c.	$ 0.00
	6d. **Other.** Add all other priority unsecured claims. Write that amount here.	6d.	+ $ 0.00
	6e. **Total.** Add lines 6a through 6d.	6e.	$ 3,989.00

			Total claim
Total claims from Part 2	6f. **Student loans**	6f.	$ 0.00
	6g. **Obligations arising out of a separation agreement or divorce that you did not report as priority claims**	6g.	$ 0.00
	6h. **Debts to pension or profit-sharing plans, and other similar debts**	6h.	$ 0.00
	6i. **Other.** Add all other nonpriority unsecured claims. Write that amount here.	6i.	+ $ 18,430.23
	6j. **Total.** Add lines 6f through 6i.	6j.	$ 18,430.23

Fill in this information to identify your case:

Debtor: Troy R Powell
First Name / Middle Name / Last Name

Debtor 2 (Spouse If filing): Melissa B Powell
First Name / Middle Name / Last Name

United States Bankruptcy Court for the Western District of Virginia

Case number (If known): 17-61492

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. **Do you have any executory contracts or unexpired leases?**
   ☑ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
   ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. **List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	Name Street City State ZIP Code	
2.2	Name Street City State ZIP Code	
2.3	Name Street City State ZIP Code	
2.4	Name Street City State ZIP Code	
2.5	Name Street City State ZIP Code	

Fill in this information to identify your case:

Debtor 1: Troy R Powell
First Name / Middle Name / Last Name

Debtor 2 (Spouse, if filing): Melissa B Powell
First Name / Middle Name / Last Name

United States Bankruptcy Court for the: Western District of Virginia

Case number (If known): 17-61492

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)
   - ☑ No
   - ☐ Yes

2. **Within the last 8 years, have you lived in a community property state or territory?** (*Community property states and territories* include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)
   - ☑ No. Go to line 3.
   - ☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
     - ☐ No
     - ☐ Yes. In which community state or territory did you live? __________________. Fill in the name and current address of that person.

   Name of your spouse, former spouse, or legal equivalent

   Number Street

   City State ZIP Code

3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D, Schedule E/F, or Schedule G* to fill out Column 2.**

	Column 1: **Your codebtor**	*Column 2:* **The creditor to whom you owe the debt** Check all schedules that apply:
3.1	Name Street City State ZIP Code	☐ Schedule D, line ______ ☐ Schedule E/F, line ______ ☐ Schedule G, line ______
3.2	Name Street City State ZIP Code	☐ Schedule D, line ______ ☐ Schedule E/F, line ______ ☐ Schedule G, line ______
3.3	Name Street City State ZIP Code	☐ Schedule D, line ______ ☐ Schedule E/F, line ______ ☐ Schedule G, line ______

Fill in this information to identify your case:

Debtor 1: Troy R Powell
First Name / Middle Name / Last Name

Debtor 2 (Spouse, if filing): Melissa B Powell
First Name / Middle Name / Last Name

United States Bankruptcy Court for the: Western District of Virginia

Case number (If known): 17-61492

Check if this is:
☐ An amended filing
☐ A supplement showing postpetition chapter 13 income as of the following date:
MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. **Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	☑ Employed ☐ Not employed	☑ Employed ☐ Not employed
Occupation	Commercial electrician	cleaning
Employer's name	Design Electric Inc	ASAP Cleaning Services
Employer's address	1307 Carlton Avenue Number Street Charlottesville, VA 22902 City State ZIP Code	305-B Riverside Ave Number Street Charlottesville, VA 22902 City State ZIP Code
How long employed there?		

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write $0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

		For Debtor 1	For Debtor 2 or non-filing spouse
2. **List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	$ 2,946.67	$ 0.00
3. **Estimate and list monthly overtime pay.**	3.	+ $ 663.00	+ $ 0.00
4. **Calculate gross income.** Add line 2 + line 3.	4.	$ 3,609.67	$ 0.00

Debtor 1 Troy R Powell (First Name / Middle Name / Last Name)   Case number (*if known*) 17-61492

		For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here ➔	4.	$ 3,609.67	$ 0.00
5. **List all payroll deductions:**			
5a. **Tax, Medicare, and Social Security deductions**	5a.	$ 549.29	$ 0.00
5b. **Mandatory contributions for retirement plans**	5b.	$ 121.55	$ 0.00
5c. **Voluntary contributions for retirement plans**	5c.	$ 0.00	$ 0.00
5d. **Required repayments of retirement fund loans**	5d.	$ 0.00	$ 0.00
5e. **Insurance**	5e.	$ 755.21	$ 0.00
5f. **Domestic support obligations**	5f.	$ 625.04	$ 0.00
5g. **Union dues**	5g.	$ 0.00	$ 0.00
5h. **Other deductions.** Specify: ______	5h.	+ $ 95.64	+ $ 0.00
6. **Add the payroll deductions**. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	$ 2,146.73	$ 0.00
7. **Calculate total monthly take-home pay.** Subtract line 6 from line 4.	7.	$ 1,462.93	$ 0.00
8. **List all other income regularly received:**			
8a. **Net income from rental property and from operating a business, profession, or farm** Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	$ 0.00	$ 1,894.88
8b. **Interest and dividends**	8b.	$ 0.00	$ 0.00
8c. **Family support payments that you, a non-filing spouse, or a dependent regularly receive** Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	$ 0.00	$ 0.00
8d. **Unemployment compensation**	8d.	$ 0.00	$ 0.00
8e. **Social Security**	8e.	$ 0.00	$ 0.00
8f. **Other government assistance that you regularly receive** Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: ______	8f.	$ 0.00	$ 0.00
8g. **Pension or retirement income**	8g.	$ 0.00	$ 0.00
8h. **Other monthly income.** Specify: ______	8h.	+ $ 0.00	+ $ 0.00
9. **Add all other income**. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	$ 0.00	$ 1,894.88

10. **Calculate monthly income.** Add line 7 + line 9.
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10. $ 1,462.93 + $ 1,894.88 = $ 3,357.81

11. **State all other regular contributions to the expenses that you list in *Schedule J*.**
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in *Schedule J*.
Specify: ______ 11. + $ 0.00

12. **Add the amount in the last column of line 10 to the amount in line 11.** The result is the combined monthly income.
Write that amount on the *Summary of Your Assets and Liabilities and Certain Statistical Information,* if it applies 12. $ 3,357.81
Combined monthly income

13. **Do you expect an increase or decrease within the year after you file this form?**
☐ No.
☑ Yes. Explain: Troy will no longer be getting regular overtime pay once the school year starts. Monthly income will decrease by approximately $1,250/month at the end of August.

Fill in this information to identify your case:

Debtor 1: Troy R Powell (First Name / Middle Name / Last Name)

Debtor 2 (Spouse, if filing): Melissa B Powell (First Name / Middle Name / Last Name)

United States Bankruptcy Court for the: Western District of Virginia (State)

Case number (If known): 17-61492

Check if this is:

☐ An amended filing

☐ A supplement showing postpetition chapter 13 expenses as of the following date:

______________ MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. **Is this a joint case?**

☐ No. Go to line 2.

☑ Yes. **Does Debtor 2 live in a separate household?**

☑ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2.*

2. **Do you have dependents?**

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☑ No

☐ Yes. Fill out this information for each dependent..........................

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
		☐ No ☐ Yes
		☐ No ☐ Yes
		☐ No ☐ Yes
		☐ No ☐ Yes
		☐ No ☐ Yes

3. **Do your expenses include expenses of people other than yourself and your dependents?**

☐ No

☑ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

			Your expenses
4.	**The rental or home ownership expenses for your residence.** Include first mortgage payments and any rent for the ground or lot.	4.	$ 875.00
	If not included in line 4:		
4a.	Real estate taxes	4a.	$ 0.00
4b.	Property, homeowner's, or renter's insurance	4b.	$ 0.00
4c.	Home maintenance, repair, and upkeep expenses	4c.	$ 0.00
4d.	Homeowner's association or condominium dues	4d.	$ 0.00

Debtor 1 Troy R Powell (First Name, Middle Name, Last Name) Case number (*if known*) 17-61492

			Your expenses
5.	**Additional mortgage payments for your residence**, such as home equity loans	5.	$ 0.00
6.	**Utilities:**		
6a.	Electricity, heat, natural gas	6a.	$ 170.00
6b.	Water, sewer, garbage collection	6b.	$ 120.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	$ 357.00
6d.	Other. Specify:	6d.	$ 0.00
7.	**Food and housekeeping supplies**	7.	$ 500.00
8.	**Childcare and children's education costs**	8.	$ 0.00
9.	**Clothing, laundry, and dry cleaning**	9.	$ 110.00
10.	**Personal care products and services**	10.	$ 100.00
11.	**Medical and dental expenses**	11.	$ 120.00
12.	**Transportation.** Include gas, maintenance, bus or train fare. Do not include car payments.	12.	$ 225.00
13.	**Entertainment, clubs, recreation, newspapers, magazines, and books**	13.	$ 80.00
14.	**Charitable contributions and religious donations**	14.	$ 0.00
15.	**Insurance.** Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a.	Life insurance	15a.	$ 0.00
15b.	Health insurance	15b.	$ 0.00
15c.	Vehicle insurance	15c.	$ 120.00
15d.	Other insurance. Specify:	15d.	$ 0.00
16.	**Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 2015 Federal income tax	16.	$ 300.00
17.	**Installment or lease payments:**		
17a.	Car payments for Vehicle 1	17a.	$ 0.00
17b.	Car payments for Vehicle 2	17b.	$ 0.00
17c.	Other. Specify:	17c.	$ 0.00
17d.	Other. Specify:	17d.	$ 0.00
18.	**Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, *Schedule I, Your Income* (Official Form 106I).**	18.	$ 0.00
19.	**Other payments you make to support others who do not live with you.** Specify: Contributions to other family	19.	$ 400.00
20.	**Other real property expenses not included in lines 4 or 5 of this form or on *Schedule I*: *Your Income.***		
20a.	Mortgages on other property	20a.	$ 0.00
20b.	Real estate taxes	20b.	$ 0.00
20c.	Property, homeowner's, or renter's insurance	20c.	$ 0.00
20d.	Maintenance, repair, and upkeep expenses	20d.	$ 0.00
20e.	Homeowner's association or condominium dues	20e.	$ 0.00

Debtor 1 Troy R Powell (First Name, Middle Name, Last Name) Case number (*if known*) 17-61492

21. **Other**. Specify: ____ 21. +$ 0.00
+$ ____
+$ ____

22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21. 22a. $ 3,477.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a 22b. $ ____

and 22b. The result is your monthly expenses. 22c. $ 3,477.00

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I.* 23a. $ 3,357.81

23b. Copy your monthly expenses from line 22c above. 23b. – $ 3,477.00

23c. Subtract your monthly expenses from your monthly income.
The result is your *monthly net income*. 23c. $ -119.19

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☑ No.
☐ Yes. Explain here:

Fill in this information to identify your case:

Debtor 1 Troy R Powell
First Name Middle Name Last Name

Debtor 2 Melissa B Powell
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the Western District of Virginia

Case number 17-61492
(If known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to $250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☑ No

☐ Yes. Name of person________________________________. Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

✘ /s/ Troy R Powell
Signature of Debtor 1

Date 08/10/2017
MM / DD / YYYY

✘ /s/ Melissa B Powell
Signature of Debtor 2

Date 08/10/2017
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1: Troy R Powell
First Name / Middle Name / Last Name

Debtor 2 (Spouse, if filing): Melissa B Powell
First Name / Middle Name / Last Name

United States Bankruptcy Court for the: Western District of Virginia

Case number (If known): 17-61492

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy 4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. **What is your current marital status?**

☑ Married
☐ Not married

2. **During the last 3 years, have you lived anywhere other than where you live now?**

☑ No
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
Number Street City State ZIP Code	From ______ To ______	☐ Same as Debtor 1 Number Street City State ZIP Code	☐ Same as Debtor 1 From ______ To ______
Number Street City State ZIP Code	From ______ To ______	☐ Same as Debtor 1 Number Street City State ZIP Code	☐ Same as Debtor 1 From ______ To ______

3. **Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?** (*Community property states and territories* include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☑ No
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Debtor 1 Troy R Powell (First Name / Middle Name / Last Name) Case number (if known) 17-61492

Part 2: Explain the Sources of Your Income

4. **Did you have any income from employment or from operating a business during this year or the two previous calendar years?**
Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
- ☑ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	**Gross income** (before deductions and exclusions)	**Sources of income** Check all that apply.	**Gross income** (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	☑ Wages, commissions, bonuses, tips ☐ Operating a business	$ 24,894.45	☐ Wages, commissions, bonuses, tips ☑ Operating a business	$ 14,145.00
For last calendar year: (January 1 to December 31, 2016 YYYY)	☑ Wages, commissions, bonuses, tips ☐ Operating a business	$ 29,839.00	☐ Wages, commissions, bonuses, tips ☑ Operating a business	$ 30,456.00
For the calendar year before that: (January 1 to December 31, 2015 YYYY)	☑ Wages, commissions, bonuses, tips ☐ Operating a business	$ 32,012.00	☐ Wages, commissions, bonuses, tips ☑ Operating a business	$ 40,347.00

5. **Did you receive any other income during this year or the two previous calendar years?**
Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☑ No
- ☐ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	**Gross income from each source** (before deductions and exclusions)	**Sources of income** Describe below.	**Gross income from each source** (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:		$		$
		$		$
		$		$
For last calendar year: (January 1 to December 31, ______)		$		$
		$		$
		$		$
For the calendar year before that: (January 1 to December 31, ______)		$		$
		$		$
		$		$

Debtor 1 Troy R Powell
First Name Middle Name Last Name

Case number (if known) 17-61492

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of $6,425* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of $6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

☑ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of $600 or more?

☑ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of $600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for…
Creditor's Name Number Street City State ZIP Code		$	$	☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors ☐ Other
Creditor's Name Number Street City State ZIP Code		$	$	☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors ☐ Other
Creditor's Name Number Street City State ZIP Code		$	$	☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors ☐ Other

Debtor 1 Troy R Powell — First Name Middle Name Last Name — Case number (if known) 17-61492

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**
Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☑ No
☐ Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name Number Street City State ZIP Code		$	$	
Insider's Name Number Street City State ZIP Code		$	$	

8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**
Include payments on debts guaranteed or cosigned by an insider.

☑ No
☐ Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name Number Street City State ZIP Code		$	$	
Insider's Name Number Street City State ZIP Code		$	$	

Debtor 1 Troy R Powell (First Name / Middle Name / Last Name) Case number (if known) 17-61492

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**
List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☐ No
☑ Yes. Fill in the details.

	Nature of the case	Court or agency	Status of the case
Case title: Case number GV17002154-00	garnishment; Date filed: 04/07/2017	Albemarle General District Court Court Name 501 E Jefferson Street Number Street Charlottesville VA 22902 City State ZIP Code	☑ Pending ☐ On appeal ☐ Concluded
Case title: Case number		Court Name Number Street City State ZIP Code	☐ Pending ☐ On appeal ☐ Concluded

10. **Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**
Check all that apply and fill in the details below.

☐ No. Go to line 11.
☑ Yes. Fill in the information below.

	Describe the property	Date	Value of the property
The Rector and Visitors of the University of ' Creditor's Name PO Box 400222 Number Street Charlottesville VA 22904 City State ZIP Code	garnishment **Explain what happened** ☐ Property was repossessed. ☐ Property was foreclosed. ☑ Property was garnished. ☐ Property was attached, seized, or levied.		$ 3,300.81
Creditor's Name Number Street City State ZIP Code	**Explain what happened** ☐ Property was repossessed. ☐ Property was foreclosed. ☐ Property was garnished. ☐ Property was attached, seized, or levied.		$

Debtor 1 Troy R Powell
First Name Middle Name Last Name

Case number (if known) 17-61492

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

☑ No
☐ Yes. Fill in the details.

	Describe the action the creditor took	Date action was taken	Amount
Creditor's Name Number Street City State ZIP Code			$
	Last 4 digits of account number: XXXX–		

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

☑ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than $600 per person?

☑ No
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than $600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you			$ $

Gifts with a total value of more than $600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you			$ $

Debtor 1 Troy R Powell
First Name Middle Name Last Name

Case number (if known) 17-61492

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than $600 to any charity?

☑ No
☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than $600	Describe what you contributed	Date you contributed	Value
Charity's Name			$
			$
Number Street			
City State ZIP Code			

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☑ No
☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of *Schedule A/B: Property.*	Date of your loss	Value of property lost
			$

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?
Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No
☑ Yes. Fill in the details.

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
William Harville Person Who Was Paid			
327 W Main Street, Ste 3 Number Street		07/2017	$ 1,500.00
			$
Charlottesville VA 22903 City State ZIP Code			
Email or website address			
Person Who Made the Payment, if Not You			

Debtor 1 Troy R Powell
First Name Middle Name Last Name

Case number (if known) 17-61492

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid Number Street City State ZIP Code Email or website address Person Who Made the Payment, if Not You		________ ________	$________ $________

17. **Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**
Do not include any payment or transfer that you listed on line 16.

☑ No
☐ Yes. Fill in the details.

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid Number Street City State ZIP Code		________ ________	$________ $________

18. **Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).
Do not include gifts and transfers that you have already listed on this statement.

☑ No
☐ Yes. Fill in the details.

	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer Number Street City State ZIP Code Person's relationship to you ________			________
Person Who Received Transfer Number Street City State ZIP Code Person's relationship to you ________			________

Debtor 1 Troy R Powell
First Name Middle Name Last Name

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19. **Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?** (These are often called *asset-protection devices*.)

☑ No
☐ Yes. Fill in the details.

	Description and value of the property transferred	Date transfer was made
Name of trust		_________

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. **Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

☑ **No**
☐ **Yes. Fill in the details.**

	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Name of Financial Institution Number Street City State ZIP Code	XXXX–___ ___ ___ ___	☐ Checking ☐ Savings ☐ Money market ☐ Brokerage ☐ Other_________	_________	$_________
Name of Financial Institution Number Street City State ZIP Code	XXXX–___ ___ ___ ___	☐ Checking ☐ Savings ☐ Money market ☐ Brokerage ☐ Other_________	_________	$_________

21. **Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?**

☑ **No**
☐ **Yes. Fill in the details.**

	Who else had access to it?	Describe the contents	Do you still have it?
Name of Financial Institution Number Street City State ZIP Code	Name Number Street City State ZIP Code		☐ No ☐ Yes

Debtor 1 Troy R Powell
First Name Middle Name Last Name

Case number (if known) 17-61492

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☑ No
☐ Yes. Fill in the details.

	Who else has or had access to it?	Describe the contents	Do you still have it?
Name of Storage Facility Number Street City State ZIP Code	Name Number Street City State ZIP Code		☐ No ☐ Yes

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☑ No
☐ Yes. Fill in the details.

	Where is the property?	Describe the property	Value
Owner's Name Number Street City State ZIP Code	Number Street City State ZIP Code		$

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- ***Environmental law*** **means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.**
- ***Site*** **means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.**
- ***Hazardous material*** **means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.**

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

☑ No
☐ Yes. Fill in the details.

	Governmental unit	Environmental law, if you know it	Date of notice
Name of site Number Street City State ZIP Code	Governmental unit Number Street City State ZIP Code		

Debtor 1 Troy R Powell
First Name Middle Name Last Name

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25. Have you notified any governmental unit of any release of hazardous material?

☑ **No**
☐ **Yes. Fill in the details.**

	Governmental unit	Environmental law, if you know it	Date of notice
Name of site Number Street City State ZIP Code	Governmental unit Number Street City State ZIP Code		

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☑ **No**
☐ **Yes. Fill in the details.**

	Court or agency	Nature of the case	Status of the case
Case title Case number	Court Name Number Street City State ZIP Code		☐ Pending ☐ On appeal ☐ Concluded

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
☐ A partner in a partnership
☐ An officer, director, or managing executive of a corporation
☐ An owner of at least 5% of the voting or equity securities of a corporation

☑ **No. None of the above applies. Go to Part 12.**
☐ **Yes. Check all that apply above and fill in the details below for each business.**

	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Business Name Number Street City State ZIP Code	 Name of accountant or bookkeeper	EIN: __ __ – __ __ __ __ __ __ __ Dates business existed From ______ To ______

	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Business Name Number Street City State ZIP Code	 Name of accountant or bookkeeper	EIN: __ __ – __ __ __ __ __ __ __ Dates business existed From ______ To ______

Debtor 1 Troy R Powell
First Name Middle Name Last Name

Case number (*if known*) 17-61492

Business Name	**Describe the nature of the business**	**Employer Identification number** **Do not include Social Security number or ITIN.**
Number Street		**EIN:** __ __ – __ __ __ __ __ __ __
City State ZIP Code	**Name of accountant or bookkeeper**	**Dates business existed** From ______ To ______

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☐ **No**
☐ **Yes. Fill in the details below.**

	Date issued
Name	MM / DD / YYYY
Number Street	
City State ZIP Code	

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to $250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

✗ /s/ Troy R Powell
Signature of Debtor 1

Date 08/10/2017

✗ /s/ Melissa B Powell
Signature of Debtor 2

Date 08/10/2017

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☑ No
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☑ No
☐ Yes. Name of person______________________. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1: Troy R Powell (First Name / Middle Name / Last Name)

Debtor 2 (Spouse, if filing): Melissa B Powell (First Name / Middle Name / Last Name)

United States Bankruptcy Court for the Western District of Virginia

Case number (If known): 17-61492

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- **creditors have claims secured by your property, or**
- **you have leased personal property and the lease has not expired.**

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. **For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below.**

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: Description of property securing debt:	☐ Surrender the property. ☐ Retain the property and redeem it. ☐ Retain the property and enter into a *Reaffirmation Agreement*. ☐ Retain the property and [explain]: ______	☐ No ☐ Yes
Creditor's name: Description of property securing debt:	☐ Surrender the property. ☐ Retain the property and redeem it. ☐ Retain the property and enter into a *Reaffirmation Agreement*. ☐ Retain the property and [explain]: ______	☐ No ☐ Yes
Creditor's name: Description of property securing debt:	☐ Surrender the property. ☐ Retain the property and redeem it. ☐ Retain the property and enter into a *Reaffirmation Agreement*. ☐ Retain the property and [explain]: ______	☐ No ☐ Yes
Creditor's name: Description of property securing debt:	☐ Surrender the property. ☐ Retain the property and redeem it. ☐ Retain the property and enter into a *Reaffirmation Agreement*. ☐ Retain the property and [explain]: ______	☐ No ☐ Yes

Debtor Troy R Powell & Melissa B Powell Case number (If known) 17-61492

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases	Will the lease be assumed?
Lessor's name: Description of leased property:	☐ No ☐ Yes
Lessor's name: Description of leased property:	☐ No ☐ Yes
Lessor's name: Description of leased property:	☐ No ☐ Yes
Lessor's name: Description of leased property:	☐ No ☐ Yes
Lessor's name: Description of leased property:	☐ No ☐ Yes
Lessor's name: Description of leased property:	☐ No ☐ Yes
Lessor's name: Description of leased property:	☐ No ☐ Yes

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

✘ /s/ Troy R Powell
Signature of Debtor 1

Date 08/10/2017
MM / DD / YYYY

✘ /s/ Melissa B Powell
Signature of Debtor 2

Date 08/10/2017
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1: Troy R Powell (First Name / Middle Name / Last Name)

Debtor 2 (Spouse, if filing): Melissa B Powell (First Name / Middle Name / Last Name)

United States Bankruptcy Court for the: Western District of Virginia

Case number (If known): 17-61492

Check one box only as directed in this form and in Form 122A-1Supp:

- ☐ 1. There is no presumption of abuse.
- ☒ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A–2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

Official Form 122A–1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. **What is your marital and filing status?** Check one only.
   - ☐ **Not married.** Fill out Column A, lines 2-11.
   - ☑ **Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11.
   - ☐ **Married and your spouse is NOT filing with you. You and your spouse are:**
     - ☐ **Living in the same household and are not legally separated.** Fill out both Columns A and B, lines 2-11.
     - ☐ **Living separately or are legally separated**. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write $0 in the space.

	Debtor 1	Debtor 2		*Column A* **Debtor 1**	*Column B* **Debtor 2 or non-filing spouse**
2. **Your gross wages, salary, tips, bonuses, overtime, and commissions** (before all payroll deductions).				$ 4,149.08	$ 0.00
3. **Alimony and maintenance payments.** Do not include payments from a spouse if Column B is filled in.				$ 0.00	$ 0.00
4. **All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support.** Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.				$ 0.00	$ 0.00
5. **Net income from operating a business, profession, or farm**	**Debtor 1**	**Debtor 2**			
Gross receipts (before all deductions)	$0.00	$ 2,357.50			
Ordinary and necessary operating expenses	– $0.00	– $ 339.43			
Net monthly income from a business, profession, or farm	$0.00	$ 2,018.07	Copy here ➔	$ 0.00	$ 2,018.07
6. **Net income from rental and other real property**	**Debtor 1**	**Debtor 2**			
Gross receipts (before all deductions)	$0.00	$ 0.00			
Ordinary and necessary operating expenses	– $0.00	– $ 0.00			
Net monthly income from rental or other real property	$0.00	$ 0.00	Copy here ➔	$ 0.00	$ 0.00
7. **Interest, dividends, and royalties**				$ 0.00	$ 0.00

Debtor 1 Troy R Powell (First Name / Middle Name / Last Name) Case number (if known) 17-61492

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
8. **Unemployment compensation**	$ 0.00	$ 0.00
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: .... ↓		
For you .... $		
For your spouse .... $		
9. **Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act.	$ 0.00	$ 0.00
10. **Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.		
______	$ 0.00	$ 0.00
______	$ 0.00	$ 0.00
Total amounts from separate pages, if any.	+ $ 0.00	+ $ 0.00
11. **Calculate your total current monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	$ 4,149.08	+ $ 2,018.07 = $ 6,167.15 Total current monthly income

Part 2: Determine Whether the Means Test Applies to You

12. **Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11. .... **Copy line 11 here**➔ $ 6,167.15

Multiply by 12 (the number of months in a year). x 12

12b. The result is your annual income for this part of the form. 12b. $ 74,005.80

13. **Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live. VA

Fill in the number of people in your household. 2

Fill in the median family income for your state and size of household. .... 13. $ 71,871.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. **How do the lines compare?**

14a. ☐ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.

14b. ☑ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2*. Go to Part 3 and fill out Form 122A–*2.*

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

✗ /s/ Troy R Powell
Signature of Debtor 1

Date 08/10/2017
MM / DD / YYYY

✗ /s/ Melissa B Powell
Signature of Debtor 2

Date 08/10/2017
MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A–2.

If you checked line 14b, fill out Form 122A–2 and file it with this form.

Fill in this information to identify your case:

Debtor 1 Troy R Powell
First Name Middle Name Last Name

Debtor 2 Melissa B Powell
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Virginia (State)

Case number 17-61492
(If known)

Check the appropriate box as directed in lines 40 or 42:

According to the calculations required by this Statement:

☐ 1. There is no presumption of abuse.

☑ 2. There is a presumption of abuse.

☐ Check if this is an amended filing

Official Form 122A–2

Chapter 7 Means Test Calculation

4/16

To fill out this form, you will need your completed copy of *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Determine Your Adjusted Income

1. **Copy your total current monthly income.** .... **Copy line 11 from Official Form 122A-1 here**➔ ....1. $ 6,167.15

2. **Did you fill out Column B in Part 1 of Form 122A–1?**

☐ No. Fill in $0 on line 3d.

☑ Yes. Is your spouse filing with you?

☐ No. Go to line 3.

☑ Yes. Fill in $0 on line 3d.

3. **Adjust your current monthly income by subtracting any part of your spouse's income not used to pay for the household expenses of you or your dependents.** Follow these steps:

On line 11, Column B of Form 122A-1, was any amount of the income you reported for your spouse NOT regularly used for the household expenses of you or your dependents?

☑ No. Fill in 0 on line 3d.

☐ Yes. Fill in the information below:

State each purpose for which the income was used For example, the income is used to pay your spouse's tax debt or to support people other than you or your dependents	**Fill in the amount you are subtracting from your spouse's income**
3a.	$
3b.	$
3c.	+ $
3d. **Total.** Add lines 3a, 3b, and 3c.	$0.00

Copy total here ➔ ....3d. – $0.00

4. **Adjust your current monthly income.** Subtract line 3d from line 1. $ 6,167.15

Debtor 1 Troy R Powell Case number (if known) 17-61492
First Name Middle Name Last Name

Part 2: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of Form 122A–1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the form refers to *you*, it means both you and your spouse if Column B of Form 122A–1 is filled in.

5. **The number of people used in determining your deductions from income**

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household. 0

National Standards You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items. $________

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

7a. Out-of-pocket health care allowance per person $49.00

7b. Number of people who are under 65 X ______

7c. **Subtotal.** Multiply line 7a by line 7b. $0.00 **Copy line 7c here➔** $0.00

People who are 65 years of age or older

7d. Out-of-pocket health care allowance per person $117.00

7e. Number of people who are 65 or older X ______

7f. **Subtotal.** Multiply line 7d by line 7e. $0.00 **Copy line 7f here➔** ...... + $0.00

7g. **Total**. Add lines 7c and 7f. .... $0.00 **Copy total here➔** 7g. $0.00

Debtor 1 Troy R Powell
First Name Middle Name Last Name

Case number (*if known*) 17-61492

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- **Housing and utilities – Insurance and operating expenses**
- **Housing and utilities – Mortgage or rent expenses**

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities – Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. $ 0.00

9. **Housing and utilities – Mortgage or rent expenses:**

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. 9a. $ 0.00

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of the creditor	Average monthly payment
	$
	$
	+ $ 0.00
9b. Total average monthly payment	$ 0.00

Copy line 9b here ➔ – $ 0.00 Repeat this amount on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (*total average monthly payment*) from line 9a (*mortgage or rent expense*). If this amount is less than $0, enter $0. 9c. $ 0.00 **Copy line 9c here** ➔ $ 0.00

10. **If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.** $ 0.00

Explain why:

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

- ☐ 0. Go to line 14.
- ☐ 1. Go to line 12.
- ☑ 2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. $ 430.00

Debtor 1 Troy R Powell
First Name Middle Name Last Name

Case number (if known) 17-61492

13. **Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

Vehicle 1 **Describe Vehicle 1:** ______

13a. Ownership or leasing costs using IRS Local Standard 13a. $ 485.00

13b. Average monthly payment for all debts secured by Vehicle 1.
Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you filed for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1	Average monthly payment
______	$ 0.00
______	+ $ 0.00
Total average monthly payment	$ 0.00

Copy here ➔ − $ 0.00 Repeat this amount on line 33b.

13c. Net Vehicle 1 ownership or lease expense
Subtract line 13b from line 13a. If this amount is less than $0, enter $0. .... $ 0.00 **Copy net Vehicle 1 expense here** ..... ➔ $ 0.00

Vehicle 2 **Describe Vehicle 2:** ______

13d. Ownership or leasing costs using IRS Local Standard 13d. $ 485.00

13e. Average monthly payment for all debts secured by Vehicle 2.
Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment
______	$ 0.00
______	+ $ 0.00
Total average monthly payment	$ 0.00

Copy here ➔ − $ 0.00 Repeat this amount on line 33c.

13f. Net Vehicle 2 ownership or lease expense
Subtract line 13e from 13d. If this amount is less than $0, enter $0. .... $ 0.00 **Copy net Vehicle 2 expense here** ... ➔ $ 0.00

14. **Public transportation expense**: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation. $ 0.00

15. **Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*. $ 0.00

Debtor 1 Troy R Powell
First Name Middle Name Last Name

Case number (if known) 17-61492

Other Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. $ 849.29

    Do not include real estate, sales, or use taxes.

17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. $ 121.55

    Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.

18. **Life insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. $ 8.36

19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. $ 625.04

    Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.

20. **Education:** The total monthly amount that you pay for education that is either required:
    - as a condition for your job, or
    - for your physically or mentally challenged dependent child if no public education is available for similar services. $ 0.00

21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. $ 0.00

    Do not include payments for any elementary or secondary school education.

22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.
    Payments for health insurance or health savings accounts should be listed only in line 25. $ 120.00

23. **Optional telephones and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. + $ 0.00

    Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22A-1, or any amount you previously deducted.

24. **Add all of the expenses allowed under the IRS expense allowances.** $ 2,154.25

    Add lines 6 through 23.

Debtor 1 Troy R Powell (First Name Middle Name Last Name) Case number (if known) 17-61492

Additional Expense Deductions These are additional deductions allowed by the Means Test.
Note: Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance $746.85

Disability insurance $0.00

Health savings account + $0.00

Total $746.85 Copy total here➔ $746.85

Do you actually spend this total amount?

☐ No. How much do you actually spend? $___________
☑ Yes

26. **Continued contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. $0.00

27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. $0.00

By law, the court must keep the nature of these expenses confidential.

28. **Additional home energy costs.** Your home energy costs are included in your non-mortgage housing and utilities allowance on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in the non-mortgage housing and utilities allowance, then fill in the excess amount of home energy costs.
You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary. $0.00

29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than $160.42* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.
You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23. $0.00

* Subject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment.

30. **Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.
To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.
You must show that the additional amount claimed is reasonable and necessary. $30.50

31. **Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2). $0.00

32. **Add all of the additional expense deductions.**
Add lines 25 through 31. $777.35

Debtor 1 Troy R Powell
First Name Middle Name Last Name

Case number (if known) 17-61492

Deductions for Debt Payment

33. **For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33g.**

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Mortgages on your home: — **Average monthly payment**

33a. Copy line 9b here .... ➔ $ 0.00

Loans on your first two vehicles:

33b. Copy line 13b here. .... ➔ $ 0.00

33c. Copy line 13e here. .... ➔ $ 0.00

Name of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes or insurance?	
33d.		☐ No ☐ Yes	$ 0.00
33e.		☐ No ☐ Yes	$ 0.00
33f.		☐ No ☐ Yes	+ $ 0.00

33g. Total average monthly payment. Add lines 33a through 33f. .... $ 0.00 Copy total here ➔ $0.00

34. **Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?**

☑ No. Go to line 35.
☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount		Monthly cure amount
		$	÷ 60 =	$
		$	÷ 60 =	$
		$ 0.00	÷ 60 =	+ $ 0.00

Total $ 0.00 Copy total here ➔ $0.00

35. **Do you owe any priority claims such as a priority tax, child support, or alimony — that are past due as of the filing date of your bankruptcy case?** 11 U.S.C. § 507.

☐ No. Go to line 36.
☑ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims .... $ 3,989.00 ÷ 60 = $66.48

36. **Are you eligible to file a case under Chapter 13?** 11 U.S.C. § 109(e). For more information, go online using the link for *Bankruptcy Basics* specified in the separate instructions for this form. *Bankruptcy Basics* may also be available at the bankruptcy clerk's office.

- ☐ No. Go to line 37.
- ☑ Yes. Fill in the following information.

Projected monthly plan payment if you were filing under Chapter 13 $0.00

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). x 7.4%

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense if you were filing under Chapter 13 $0.00 **Copy total here➔** $0.00

37. **Add all of the deductions for debt payment.** Add lines 33g through 36. $66.48

Total Deductions from Income

38. **Add all of the allowed deductions.**

Copy line 24, *All of the expenses allowed under IRS expense allowances*	$ 2,154.25
Copy line 32, *All of the additional expense deductions*	$ 777.35
Copy line 37, *All of the deductions for debt payment*	+ $ 66.48
Total deductions	$2,998.08

Copy total here ➔ $2,998.08

Part 3: Determine Whether There Is a Presumption of Abuse

39. **Calculate monthly disposable income for 60 months**

39a. Copy line 4, *adjusted current monthly income* $6,167.15

39b. Copy line 38, *Total deductions*.......... − $2,998.08

39c. Monthly disposable income. 11 U.S.C. § 707(b)(2). Subtract line 39b from line 39a. $3,169.07 **Copy line 39c here➔** $3,169.07

For the next 60 months (5 years)........ x 60

39d. **Total**. Multiply line 39c by 60. .... 39d. $190,144.10 **Copy line 39d here➔** $190,144.10

40. **Find out whether there is a presumption of abuse.** Check the box that applies:

- ☐ **The line 39d is less than $7,700*.** On the top of page 1 of this form, check box 1, *There is no presumption of abuse.* Go to Part 5.
- ☑ **The line 39d is more than $12,850*.** On the top of page 1 of this form, check box 2, *There is a presumption of abuse.* You may fill out Part 4 if you claim special circumstances. Then go to Part 5.
- ☐ **The line 39d is at least $7,700*, but not more than $12,850*.** Go to line 41.

* Subject to adjustment on 4/01/19, and every 3 years after that for cases filed on or after the date of adjustment.

Debtor 1 Troy R Powell
First Name Middle Name Last Name

Case number (*if known*) 17-61492

41. 41a. **Fill in the amount of your total nonpriority unsecured debt.** If you filled out *A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules* (Official Form 106Sum), you may refer to line 5 on that form.

41a. $ 18,430.23

x .25

41b. **25% of your total nonpriority unsecured debt.** 11 U.S.C. § 707(b)(2)(A)(i)(I)
Multiply line 41a by 0.25.

$ 4,607.56 **Copy here➔** $ 4,607.56

42. **Determine whether the income you have left over after subtracting all allowed deductions is enough to pay 25% of your unsecured, nonpriority debt.**
Check the box that applies:

❑ **Line 39d is less than line 41b.** On the top of page 1 of this form, check box 1, *There is no presumption of abuse.* Go to Part 5.

☑ **Line 39d is equal to or more than line 41b.** On the top of page 1 of this form, check box 2, *There is a presumption of abuse.* You may fill out Part 4 if you claim special circumstances. Then go to Part 5.

Part 4: Give Details About Special Circumstances

43. **Do you have any special circumstances that justify additional expenses or adjustments of current monthly income for which there is no reasonable alternative?** 11 U.S.C. § 707(b)(2)(B).

❑ No. Go to Part 5.

☑ Yes. Fill in the following information. All figures should reflect your average monthly expense or income adjustment for each item. You may include expenses you listed in line 25.

You must give a detailed explanation of the special circumstances that make the expenses or income adjustments necessary and reasonable. You must also give your case trustee documentation of your actual expenses or income adjustments.

Give a detailed explanation of the special circumstances	Average monthly expense or income adjustment
Debtor will no longer be getting overtime after school begins in Augus	$ 1,250.00
	$
	$
	$

Part 5: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

✘ /s/ Troy R Powell
Signature of Debtor 1

✘ /s/ Melissa B Powell
Signature of Debtor 2

Date 08/10/2017
MM / DD / YYYY

Date 08/10/2017
MM / DD / YYYY

Bull City Financial Solutions
2609 N Duke Street
Ste 500
Durham, NC 27704

Cardiovascular Associates of Charlottesville
650 Peter Jefferson Parkway
Ste 100
Charlottesville, VA 22911

Charlottesville Blue Ridge Dental
2320 Commonwealth Drive
Charlottesville, VA 22901

Diversified Consultants
10550 Deerwood Park Boulevard
Ste 309
Jacksonville, FL 32256

Downtown Family Health Care
310 Avon Street
Ste 9
Charlottesville, VA 22902

Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101

McCarthy, Burgess & Wolff
26000 Cannon Road
Bedford Heights, OH 44146

Piedmont Emergency Consultants PLC
PO Box 11647
Daytona Beach, FL 32120

Region Ten CSB
500 Old Lynchburg Road
Charlottesville, VA 22903

Sentara
PO Box 179
Norfolk, VA 23501

Sentara
PO Box 791168
Baltimore, MD 21279

Sentara
PO Box 759132
Baltimore, MD 21275

Sentara
PO Box 1875
Norfolk, VA 23501

Siva Thiagarajah, MD
1101 E Jefferson Street
Charlottesville, VA 22902

SunTrust Bank
PO Box 305183
Nashville, TN 37230

The Rector and Visitors of the University of

PO Box 400222
Charlottesville, VA 22904

Valley Credit Service
934 N Augusta Street
Ste A
Stanton, VA 24401

Virginia Child Support
7 N 8th St
Apt 1
Richmond, VA 23219

United States Bankruptcy Court

Western District of Virginia

In re: Troy R Powell & Melissa B Powell

Debtor(s)

Case No. 17-61492

Chapter 7

Verification of Creditor Matrix

The above-named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 08/10/2017

/s/ Troy R Powell
Signature of Debtor

/s/ Melissa B Powell
Signature of Joint Debtor